

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

50 / 530010

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
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| 41 | 1 | | | | | |
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| TOTAL IND. | | | ↓ | | ↓ | |
| TOTAL DEP. | | | ← | | ← | |
| TOTAL CLAIMS | | | | | | |

BEST AVAILABLE COPY

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 100 | | | | | | |
| TOTAL IND. | | | | ↓ | | |
| TOTAL DEP. | 65 | | ← | | ← | |
| TOTAL CLAIMS | 71 | | | | | |